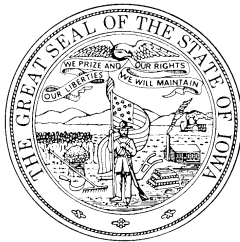


☐ New Permit
Amendment

☐ Permit Renewal # ____-SDP-____-____-CCC

☐ Permit



IOWA DEPARTMENT OF NATURAL RESOURCES

Citizen Convenience Center

PERMIT APPLICATION FORM 50C



Applications for a citizen convenience center must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 106.

Send completed applications with attached information to:

Planning, Permitting & Engineering Services
Land Quality Bureau
Iowa Department of Natural Resources
502 East 9th Street
Des Moines, IA 50319

For questions concerning this application please contact the Department at (515) 281-3302.

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name/Address:	Site Legal Description:
Phone #: _____ Fax #: _____	____ 1/4 of ____ 1/4 of ____ 1/4 Section ____ Township ____ N Range ____ E/W County ____
Name/Address of Responsible Official:	Facility Owner/Address:
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____
Name of Facility Operator:	Name/Address of Design Engineer (P.E.), if any:
Phone #: _____ Fax #: _____	License #: _____ Phone #: _____ Fax #: _____

SECTION 2. SITE INFORMATION

<input type="checkbox"/> This facility is part of the following solid waste comprehensive planning area: Planning Area: Date of Last Approved Plan:	<input type="checkbox"/> This facility transfers 100% of the waste that is generated in Iowa, out of state for disposal and does not participate in a planning area within the state of Iowa other than its own. <i>* Citizen convenience centers taking 100% of waste out of state for disposal, meet the solid waste comprehensive plan requirements by filing an operational plan with the department in accordance with IAC 567 106.8(1)“k” and by submitting quarterly reports to the department in accordance with IAC 567 106.14(455B,455D).</i>														
Days and hours of operation of the facility:	Open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Service area of the facility <u>and</u> final disposal destination (<i>include unincorporated areas and out of state cities</i>): Service Area: Disposal Facility:															
Type, source <u>and</u> expected weight (tons) of solid waste to be handled per day, week and year at the facility: per day per week per year															
Description of the waste handling process to be used (<i>e.g., individuals unload trash into one of 3 roll-offs on site. Roll-offs are removed when full and replaced with empties.</i>): 															
Check all other materials accepted/activities at the facility: <table border="0"><tr><td><input type="checkbox"/> Recyclables drop-off – glass, paper, plastic, metal</td><td><input type="checkbox"/> Scrap Metal Salvaging</td></tr><tr><td><input type="checkbox"/> Lead Acid Batteries</td><td><input type="checkbox"/> Appliance Demanufacturing</td></tr><tr><td><input type="checkbox"/> Used Oil</td><td><input type="checkbox"/> Electronics Demanufacturing</td></tr><tr><td><input type="checkbox"/> Antifreeze</td><td><input type="checkbox"/> Yard Waste Composting</td></tr><tr><td><input type="checkbox"/> White Goods Collection</td><td><input type="checkbox"/> Yard Waste Collection</td></tr><tr><td><input type="checkbox"/> Tires</td><td><input type="checkbox"/> HHM/RCC</td></tr><tr><td><input type="checkbox"/> Electronics Collection</td><td><input type="checkbox"/> Other</td></tr></table>		<input type="checkbox"/> Recyclables drop-off – glass, paper, plastic, metal	<input type="checkbox"/> Scrap Metal Salvaging	<input type="checkbox"/> Lead Acid Batteries	<input type="checkbox"/> Appliance Demanufacturing	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Electronics Demanufacturing	<input type="checkbox"/> Antifreeze	<input type="checkbox"/> Yard Waste Composting	<input type="checkbox"/> White Goods Collection	<input type="checkbox"/> Yard Waste Collection	<input type="checkbox"/> Tires	<input type="checkbox"/> HHM/RCC	<input type="checkbox"/> Electronics Collection	<input type="checkbox"/> Other
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<input type="checkbox"/> Electronics Collection	<input type="checkbox"/> Other														

SECTION 3. PERMIT APPLICATION CHECKLIST

Checking the appropriate boxes below certifies that the documents submitted in conjunction with this application form are complete and in compliance with the applicable chapters of the Iowa Administrative Code. While some of the documents below may have been submitted previously, updated copies of each is required to be provided with each permit renewal application. One (1) copy of each document shall be submitted. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Documents			Attached
Section A.	Executive Summary (<i>permit renewals only</i>) <ul style="list-style-type: none">• Summary of modifications, if any, to the facility that occurred during the current permit cycle.• Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed.• Summary of each permit amendment, if any, that occurred during the current permit cycle to determine if it shall be included with the renewed permit, be revised or be removed.• Provide documentation and certification as required for new permit amendment requests and new variance requests from Iowa Administrative Code, if any.		<input type="checkbox"/>
Section B.	Site Map or Aerial Photograph	IAC 567 106.4(1)“c”	<input type="checkbox"/>
Section C.	Proof of Ownership/Local Zoning Requirements	IAC 567 106.4(1)“d”	<input type="checkbox"/>
Section D.	Storm Water Discharge Requirements <ul style="list-style-type: none">• Document compliance with state and federal storm water discharge requirements by contacting the Department at (515) 281-7017 or http://www.iowadnr.com/water/stormwater/index.html	IAC 567 64.3(455B)	<input type="checkbox"/>
Section E.	Organizational Chart	IAC 567 102.12(5)	<input type="checkbox"/>
Section F.	Site Design Plan	IAC 567 106.4(1)“i”	<input type="checkbox"/>
Section G.	Site Operation Plan	IAC 567 106.4(1)“j”	<input type="checkbox"/>
Section H.	Emergency Response and Remedial Action Plan	IAC 567 106.4(1)“l”	<input type="checkbox"/>
Section I.	Site Closure Plan	IAC 567 106.4(1)“k”	<input type="checkbox"/>
Section J.	Proof of Financial Assurance and Closure Cost Estimate	IAC 567 106.18	<input type="checkbox"/>

SECTION 4. APPLICANT CERTIFICATION

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I further certify that the construction and operation of the above described facility will be in accordance with the plans, specifications, reports and related communications accepted by the Iowa Department of Natural Resources and on file in its office; and in accordance with conditions imposed in the permit issued by the Iowa Department of Natural Resources.

Signature: _____

Date: _____

Printed Name: _____

Title: _____